

Texas Natural Resource Conservation Commission

Automotive Waste Management Program (MC 125)

P.O. Box 13087, Austin, Texas 78711-3087

(512) 239-6001

1996 Annual Reporting Form For Automotive Waste Collection Centers

*****Please return completed form to the TNRCC by JANUARY 25, 1997 *****

TNRCC Registration #:
Name of Collection Center:
Contact/Title:
Mailing Address:
Physical Address:
Phone:

***** Please review the above information and make necessary corrections and changes *****

Is your center ___ grant funded or ___ private sector? (Check one)	
What month did you begin collecting oil? _____, 19__	
Actual number of gallons of used oil collected between January 1, 1996 and December 31, 1996:	
from households? _____ Gallons	
from others? _____ Gallons	
Do you collect used oil filters? ___ YES ___ NO	If YES, approximately how many between 1/1/96 and 12/31/96? _____
Do you collect batteries? ___ YES ___ NO	If YES, approximately how many between 1/1/96 and 12/31/96? _____
Do you collect antifreeze? ___ YES ___ NO	If YES, approximate number of gallons between 1/1/96 and 12/31/96: _____
List any other automotive waste products you accept: _____	

Who picks up your used oil? (If more than one transporter, please continue list on the back of this page.)

Transporter Name:
Address:
Phone: ()

CERTIFICATION STATEMENT:

I certify that the above information is true and correct to the best of my knowledge and that I will abide by TNRCC rules governing the collection, management and recycling of used automotive oil.

Signature: _____ **Date:** _____

Print Name: _____

We appreciate your cooperation in completing this report which is required by the Texas Health and Safety Code Section 371.024(b)(2).